

Case Number:	CM15-0050505		
Date Assigned:	03/25/2015	Date of Injury:	02/24/1994
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained a work/ industrial injury on 2/24/94. She has reported initial symptoms of low back pain. The injured worker was diagnosed as having failed back surgery syndrome, lumbar Degenerative Disc Disease (DDD), and radicular symptoms to both lower extremities. Treatments to date included medication and surgery (lumbar fusion 5/2001). Currently, the injured worker complains of chronic back pain with increased numbness, tingling, and pain in both lower extremities with increased difficulty with walking and depression. The treating physician's report (PR-2) from 1/15/15 indicated the pain was 5/10 to 7/10. A pain pump was discussed for better pain control. Medications included Fentanyl patch, Oxycodone, Lexapro, Cymbalta, Prilosec, Ambien, and Gabapentin. Treatment plan included Retrospective request for toxicology urine drug screen collected 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for toxicology urine drug screen collected 11/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: According to the 11/26/2014 report, this patient presents with "came in for follow up and refills of medications," and "pain level is at 5/10 with intervals no lower than 6/10." The current request is for Retrospective request for toxicology urine drug screen collected 11/26/2014. The request for authorization and the patient's work status are not included in the file for review. Regarding UDSs, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In reviewing the available medical records, the patient is currently on Oxycodone and a recent UDS test was administered on 10/29/2014. The treating physician indicates "Aberrant behavior; none noted, urine drug test is consistent with current therapy." In this case, the treating physician does not explain why another test is needed when the patient does not show any adverse behavior with opiates use. There is no discussion regarding high risk assessment to warrant such a frequent testing. Therefore, the request is not medically necessary.